

Subject ID \_\_\_\_\_

Donor ID \_\_\_\_\_

### SMA RESULTS

COMPLETE FOR ALL CONFIRMED HTLV POSITIVES AND NEGATIVE CONTROLS, AND FORWARD TO THE COORDINATING CENTER ON THE 1ST OF EACH MONTH.

Date of Testing:    |\_|\_|\_|\_|   |\_|\_|\_|\_|   |\_|\_|\_|\_|  
                              MO           DA           YR

Sodium:                |\_|\_|\_|\_|

Bun:                    |\_|\_|\_|

\*Albumin:              |\_|\_|\_|

Potassium:             |\_|\_|\_|

Creatinine:            |\_|\_|\_|\_|

Chloride:              |\_|\_|\_|\_|

Glucose:               |\_|\_|\_|\_|

Bicarb:                |\_|\_|\_|\_|

TP:                     |\_|\_|\_|\_|

\*Ldh:                  |\_|\_|\_|\_|\_|

Bilirubin:              Total |\_|\_|\_|\_|           Direct |\_|\_|\_|\_|

Uric acid:              |\_|\_|\_|\_|\_|

\*Calcium:              |\_|\_|\_|\_|\_|

Cholesterol:           |\_|\_|\_|\_|\_|\_|

Phosphorus:            |\_|\_|\_|\_|\_|

Triglyceride:          |\_|\_|\_|\_|\_|\_|

SGOT:                  |\_|\_|\_|\_|\_|\_|

SGPT:                  |\_|\_|\_|\_|\_|\_|

\*Alkaline Phosphatase: |\_|\_|\_|\_|\_|

\*Total CPK             |\_|\_|\_|\_|\_|\_|

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\* = Required results; others are optional.